

EXHIBIT C

DECLARATIONS

ERIE INSURANCE COMPANY
GARAGE AUTO POLIC

AMENDED DECLARATIONS 01 * * EFFECTIVE 12/01/23
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT		-AMENDED ADDRESS OF NAMED INSURED	
Agent		ITEM 2. Policy Period	Policy Number
NN1685	KOHLMAN AGENCY LLC	10/11/23 TO 10/11/24	Q10 6180048 NY7
ITEM 1. Named Insured and Address		ITEM 3. Other Interest	
LUXSPORT MOTOR GROUP LLC		AS LISTED BELOW	
LUXURY MOTOR GROUP LLC			
300 CROSSWAYS PARK DR STE 300			
WOODBURY NY 11797-2035			

ITEM 4. COVERAGES UNDER THIS POLICY INCLUDE:

- GARAGE LIABILITY PACKAGE, WHICH INCLUDES: GARAGE PREMISES-OPERATIONS/PRODUCTS-COMPLETED OPERATIONS/TENANTS LEGAL LIABILITY/TRUTH IN LENDING & LEASING/ODOMETER/AUTO DAMAGE DISCLOSURE/COMPETITIVE AUTO PARTS LAWS & FEDERAL USED CAR "BUYER'S GUIDE" REGULATION
- AUTOS WE INSURE: ANY AUTO--OWNED, HIRED & NON-OWNED AUTOS
- CUSTOMERS AUTOS - LOCATION(S) SHOWN BELOW
- GARAGE AUTOS PHYSICAL DAMAGE - LOCATION(S) SHOWN BELOW
- DESCRIBED AUTOS - VEHICLES SHOWN BELOW

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM OR "INCL" (INCLUDED) IS SHOWN FOR THE COVERAGE.

STATE RATING TERR
NY 61

TOTAL NUMBER OF EMPLOYEES/PERSONS BY CLASS

	CL 1	CL 1A	CL 2	CL 3	CL 4
FULL-TIME	2	1	1		
PART-TIME					

TOTAL NUMBER OF DEALER TAGS: 7

M EQUALS THOUSAND \$

	PREMIUM
DEALERS LIABILITY COVERAGES-	
PERSONAL INJ AND PROPERTY DAMAGE \$1000M/ACC	8,565
PREMISES MEDICAL PAYMENTS \$5M/PERSON	INCL
PERSONAL INJURY PROTECTION (PIP)-	
MANDATORY BASIC ECONOMIC LOSS \$50M	750
OPTIONAL BASIC ECONOMIC LOSS (OBEL) \$25M	12
ADDITIONAL PIP \$100M	36
AGGREGATE PIP BENEFITS AVAILABLE \$175M	
MAXIMUM MONTHLY WORK LOSS \$4M	
MAX OTHER NECESSARY EXPENSES (PER DAY) \$50	
MAXIMUM DEATH BENEFIT \$5M	
SUPPLEMENTARY UNINSURED/UNDERINSURED	
BODILY INJURY \$1000M/ACC	728

STATE: NY LOCATION: 01 RATING TERRITORY: 61
 CUSTOMERS AUTOS - DIRECT PRIMARY
 COMPREHENSIVE \$1000 DED/AUTO \$5000 DED/LOSS 625
 LIMIT - ACTUAL LOSS
 COLLISION \$1000 DED/AUTO 372
 LIMIT - ACTUAL LOSS
 GARAGE AUTOS - NON-REPORTING
 BUILDING
 COMPREHENSIVE \$5000 DED/AUTO \$25000 DED/LOSS 3,190
 LIMIT \$1,000,000
 COLLISION \$5000 DED/AUTO LIMIT \$1,000,000 629
 PREMIUM FOR CUSTOMERS AUTOS ACTUAL LOSS SUSTAINED LIMITS IS
 BASED ON CUSTOMER CAR VALUE OF \$150M

**ITEM 4. AUTOS WE INSURE/ALSO INSURED - GARAGE PREMISES-OPERATIONS/PRODUCTS-
 COMPLETED OPERATIONS/TENANTS LEGAL LIABILITY/TRUTH IN LENDING &
 ODOMETER LAW LIABILITY**

					ST	TER	SYM	CM	CL	RATING	CLASS
10	23	TAG	DEALER	7108945	NY	62				CPB	
11	23	TAG	DEALER	7108944	NY	62				CPB	
12	23	TAG	DEALER	7113004	NY	62				CPB	
13	23	TAG	DEALER	7115046	NY	62				CPB	
14	23	TAG	DEALER	7106910	NY	62				CPB	
15	23	TAG	DEALER	7129392	NY	62				CPB	
16	23	TAG	DEALER	7129393	NY	62				CPB	
17	11	PORS	911CARRERA	WP0CB2A90BS755303	NY	62	H	85	89	CPB	

M EQUALS THOUSAND \$

ANNUAL PREMIUMS

10 # 11 # 12 # 13 # 14 # 1

SUPPLEMENTARY UNINSURED/UNDERINSURED
 MOTORISTS (SUM)*

BODILY INJURY \$1000M/ACC

INCL INCL INCL INCL INCL IN

TOTAL ANNUAL PREMIUM FOR EACH UNIT
 ADDITIONAL CHARGE DUE TO THIS CHANGE \$

INCL INCL INCL INCL INCL IN
 389



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300 CROSSWAYS PARK DR STE 300			
WOODBURY NY 11797-2035			

M EQUALS THOUSAND \$

16 # 17

LIABILITY PROTECTION-

BOD INJ & PROP DAMAGE \$1000M/ACC		1991
PERSONAL INJURY PROTECTION (PIP)-		
MANDATORY BASIC ECONOMIC LOSS	\$50M	197
OPTIONAL BASIC ECONOMIC LOSS (OBEL)	\$25M	2
ADDITIONAL PIP	\$100M	6
AGGREGATE PIP BENEFITS AVAILABLE	\$175M	
MAXIMUM MONTHLY WORK LOSS	\$4M	
MAX OTHER NECESSARY EXPENSES (PER DAY)	\$50	
MAXIMUM DEATH BENEFIT	\$5M	
SUPPLEMENTARY UNINSURED/UNDERINSURED		
MOTORISTS (SUM)*		
BODILY INJURY \$1000M/ACC	INCL	113
PHYSICAL DAMAGE COVERAGES-		
COMPREHENSIVE - \$1M DED		276
COLLISION - \$1M DED		971

TOTAL ANNUAL PREMIUM FOR EACH UNIT	INCL	3556
NY REQUIRED MOTOR VEHICLE LAW ENFORCEMENT FEE		10
TOTAL AMOUNT DUE		\$ 18,473

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS REDUCED AND THUS OFFSET BY THE MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS

ALL AUTOS - GAPNY 07/97, ACYR01 10/18, YAGBA03 07/21, AGZA03 04/99, AHYM01 01/03, UF9598 07/18, UF4037 08/23, UF0156 11/10, YACOB 07/11, ABYU04 07/18.

AUTO 10 - ABYU04 07/18.
 AUTO 11 - ABYU04 07/18.
 AUTO 12 - ABYU04 07/18.
 AUTO 13 - ABYU04 07/18.
 AUTO 14 - ABYU04 07/18.
 AUTO 15 - ABYU04 07/18.
 AUTO 16 - ABYU04 07/18.
 AUTO 17 - ABYN01 07/18, ABYU04 07/18, ABYN05 07/18, ABYN06 01/95.
 LOCATION 1 - ABYN05 07/18, ABYN06 01/95, ABYN01 07/18.

* AHYM01 SUPPLEMENTAL SPOUSAL LIABILITY INSURANCE COVERAGE *
* INCLUDED WITHOUT CHARGE *

+++AMENDED MAILING & LOCATION ADDRESS & TAX CODE

PASSIVE RESTRAINT - MULTIPLE AIRBAGS APPLIED TO AUTO 17
ANTI-LOCK BRAKES DISCOUNT - 4 WHEEL APPLIED TO AUTO 17

EXPLANATION OF COMMERCIAL PASSENGER RATING CLASS

AUTO 10 - COMMERCIAL - BUSINESS USE
AUTO 11 - COMMERCIAL - BUSINESS USE
AUTO 12 - COMMERCIAL - BUSINESS USE
AUTO 13 - COMMERCIAL - BUSINESS USE
AUTO 14 - COMMERCIAL - BUSINESS USE
AUTO 15 - COMMERCIAL - BUSINESS USE
AUTO 16 - COMMERCIAL - BUSINESS USE
AUTO 17 - COMMERCIAL - BUSINESS USE

MISCELLANEOUS INFORMATION

ITEM 8 NON FRANCHISED DEALER
ITEM 10 LOC 1 1 HOLLOW LN NEW HYDE PARK NY 11042
AUTO 17 COST NEW \$101,500

ADDITIONAL INSURED
300 TZ REAL ESTATE LLC
C/O TZ REAL ESTATE PROPERTIES
1055 STEWART AVE STE 16
BETHPAGE NY 11714-3635

LIENHOLDER FOR LOCATION 1
AUTOMOTIVE FINANCE CORPORATION
C/O DEALERGUARD
26555 EVERGREEN RD STE 410
SOUTHFIELD MI 48076-4242

LIENHOLDER FOR LOCATION 1
WESTLAKE FINANCIAL SERVICES
PO BOX 54807
LOS ANGELES CA
090054

Q10 6180048



VEHICLE STORAGE AGREEMENT
Exclusive listing with the exclusive right to sell

Date: 01-30-2024 Sales Specialist: Stu Brenner

Owner Information:

Name: ANTHONY D. DEO
Address: 7 HUNTING LANE
City, State, OLD WESTBURY, NY 11568
Phone numbers:
Email: ANTHONYDDEP@AOL.COM

A handwritten signature in black ink, appearing to read "Anthony Deo", with a horizontal line drawn underneath the signature.

Vehicle Information:

Year: 2017 ROLLS ROYCE DAWN VIN # SCA666D53HU102728
Year: 2019 LAND ROVER RANGE ROVER VIN # SALGW2SE6KA533297
Year: 2023 CHEVROLET SUBURBAN VIN # 1GNSKBDPR148675
Year: 2020 MERCEDES BENZ GLE VIN # 4JGFB4KBOLA194078
Year: 2016 AUDI A6 VIN # WAUGHAF5GN009650
Year: 2016 AUDI Q5 VIN # WAL12AFP0GA040272

Clear Title: Yes **Lienholder: No (If yes please complete next section).**

Monthly Storage Rate: \$395.00 per month



CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)
06/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anthony Grace Companies, Inc 2660 Alternate 19 N, Suite C Palm Harbor FL 34683 INSURED Goldcoast Motors of Syosset, LLC. 180 Micheal Dr. Syosset NY 11711	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Nate Tallarino</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 727-213-0144</td> <td>FAX (A/C, No): 919-852-3510</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: nate@adig1.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: General Security Indemnity Company</td> <td>NAIC # 20559</td> </tr> <tr> <td>INSURER B: Allied Word Specialty Insurance Company</td> <td>16624</td> </tr> <tr> <td>INSURER C: AmGuard Insurance Company</td> <td>42390</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Nate Tallarino		PHONE (A/C, No, Ext): 727-213-0144	FAX (A/C, No): 919-852-3510	E-MAIL ADDRESS: nate@adig1.com		INSURER(S) AFFORDING COVERAGE		INSURER A: General Security Indemnity Company	NAIC # 20559	INSURER B: Allied Word Specialty Insurance Company	16624	INSURER C: AmGuard Insurance Company	42390	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES PROD / CUSTOMER ID: 134253895

CERTIFICATE #: 31923CD1 B

REVISION #:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GARAGE LIABILITY			6203-2189-01	6/14/2023	6/14/2024	AUTO ONLY (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> HIRED AUTOS ONLY	OTHER THAN AUTO ONLY				EA ACCIDENT \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS					AGGREGATE \$ 3,000,000
	<input type="checkbox"/>	<input type="checkbox"/>					
B	GARAGE KEEPERS LIABILITY			6203-2189-01	6/14/2023	6/14/2024	COMP / OTC LOC \$
	<input type="checkbox"/> LEGAL LIABILITY		SPECIFIED PERILS LOC \$				
	<input type="checkbox"/> DIRECT BASIS		COLLISION LOC \$				
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS		LOC \$				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		EACH OCCURRENCE \$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 3,000,000				
			PRODUCTS - COMP/OP AGG \$ 1,000,000				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			GOWC438823	6/14/2023	6/14/2024	PER STATUTE <input checked="" type="checkbox"/> OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		E.L. EACH ACCIDENT \$ 500,000				
	If yes, describe under REMARKS below		E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	DEALER INVENTORY			APP59640166	03/19/2023	03/19/2024	Limit 1,000,000

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Garagekeepers Deductibles: Comprehensive \$1,000 Per Auto/\$5,000 Per Occurrence; Collision \$1,000 Per Auto; Dealer Inventory Deductibles: Comprehensive \$2,500 Per Auto; Collision \$2,500 Per Auto/\$10,000 Aggregate; Earth Movement Per Auto \$1,000; Weather \$1,000 Per Auto/\$10,000 Aggregate Per Loss. Certificate Holder is listed as Loss Payee and Demonstrator Vehicles, if any, are covered under the Dealer Inventory policy where their interests may appear.

CERTIFICATE HOLDER
CANCELLATION

Nextgear Capital
11799 N. College Ave
Carmel, IN. 46032

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NEW YORK STATE INSURANCE IDENTIFICATION CARD**779 ALLIED INS CO OF AMERICA**

Name & Address of Issuer **Tallarino, Natale**
(888) 802-3441
Anthony Grace Risk Management
2660 Alt 19 Suite c
Palm Harbor, Fl. 34683

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

GOLD;MOTORS;OF
SYOSSETT;LLC
180 MICHAEL DRIVE
SYOSSET NY 11791

Dealer - Garage Auto Liability Policy

Policy Number
6203-2189-00

Effective Date Expiration Date
07/10/2023 **07/10/2024**
 12:01 a.m. 12:01 a.m.
 (Not acceptable to obtain registration after 45 days from effective date.)
 Applicable with respect to the following Motor Vehicle:

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

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FAX: Scanable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode